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May the best pill win

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Last December, a huge medical study delivered a stunning message to doctors and patients: a common 10-cents-a-pill diuretic had proved superior to two expensive wonder drugs (50 cents to $2 a pill) in preventing heart disease. Even though another study later found a less dramatic advantage, the point was the cheaper diuretics--known for decades as "water pills"--were more effective than the newer, costlier drugs in some ways.

That sort of direct comparison is rare in the high-stakes, high-risk world of pharmaceuticals. It's easy to come by comparisons of just about everything else for sale in America, from washing machines to automobiles. But not prescription drugs.

With Congress struggling to write the rules for a $400 billion prescription drug benefit for Medicare and Americans paying some of the highest drug prices in the world, there's a new move to push the federal government into the business of comparing the effectiveness of top-selling prescription drugs.

No doubt that sends chills through Big Pharma. If the government is to bestow its seal of approval on one drug over a competitor, ostensibly giving that drug a huge advantage in the marketplace, there's no doubt the reward for success and the risk of failure will be greatly magnified.

But a government effort to help cut through the conflicting claims and intense advertising and promotion surrounding many of today's biggest selling drugs is welcome--with a few important caveats. Such studies could provide critical guidance and potentially help pare billions from America's fast-rising drug costs.

Bipartisan sponsors have proposed spending $75 million on comparative studies by the National Institutes of Health and the federal Agency for Healthcare Research and Quality. Such a project was voted down last summer; proponents have vowed to raise it again.

If such research is to be conducted, it will fall to government agencies because no one else is prepared to do it. Individual doctors don't have the time or resources to do extensive evaluations of the drugs they prescribe. Nor do most private companies that administer pharmacy benefits for employers and health plans. Indeed, those companies generally reveal little publicly about how they make choices for their lists of preferred drugs. The FDA certifies a drug's safety and effectiveness, but is not required to determine whether the drug is safer or more effective than alternatives.

A credible, objective national drug comparison system would be invaluable, not only to insurers and doctors, but to all American consumers, who now have no way of comparing, say, the prescription heartburn drug Nexium and its predecessor, Prilosec, now available as a generic and soon to be available

over the counter. Are they virtually the same, as some researchers and others have suggested? If so, why should a consumer or an insurance company pay a premium for the prescription drug?

Drawing such comparisons won't be cheap--up to $10 million or more for a single study, experts say. But that cost must be measured against the immense potential benefits that such studies could yield.

Several states and government agencies already evaluate drugs for cost and effectiveness, usually based on existing research. But that's a piecemeal approach. A national system would use existing research, but also fund its own studies. It should focus first on drugs widely used by Medicare and Medicaid beneficiaries.

Such studies should be purely advisory, allaying Big Pharma's fear of government-spawned drug controls. But if a federal agency does credible studies and makes them readily available to doctors, hospitals and insurers--and understandable to the general public--there will be no need to compel action. The market will gravitate to the most cost-effective brand, even though that may not always be the cheapest brand.

To be sure, the ground rules could get complicated, and many medical and ethical questions must be answered. For instance, if a drug costs twice as much as its competitor, but decreases hospitalization by 10 percent, is it a good buy?

Drug company officials rightly warn that federal officials must guard against making "one-size-fits-all" decisions about new medicines. It is also true that patients react differently to drugs, and some studies overlook the value of specific medicines for individuals or smaller groups, such as minorities. That's not an argument against testing, but a recognition that the final decision on a patient's medication should rest, as always, with the doctor.

It's also critical that such a system doesn't thwart the drive toward innovation that has made the American drug industry a global powerhouse. Some worry that such comparisons could dampen competition and discourage risk-taking by drug companies. But identifying a superior product is not anti-competitive; it rewards innovation and performance. It should spur drug makers to produce more effective products.

Drug makers will continue to complain, but if the government can credibly weed through conflicting claims and honestly ascertain that one medication is more effective than another, then it is the patients who will stand to gain the most.
